

## STANDARD CERTIFICATE OF DEATH

16415

State File No. ....

FILED MAY 25 1955

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write rural township) <u>St. Francois</u>		c. LENGTH OF STAY (in this place) <u>7 Yrs.</u>		c. CITY OR TOWN <u>Pilot Knob</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital # 4</u>				e. STREET ADDRESS (If rural, give location) <u>0.470,</u>			
3. NAME OF DECEASED (Type or Print) <u>ROSE</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug. 1, 1897</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Graniteville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Harvey Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Sina Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Sisk - Pilot Knob, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis - - - - -</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured diverticulum of the descending colon - - - - -</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Psychosis with mental deficiency . Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 4 das.</u>  <u>Abt. 4 das.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>578 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 12</u> , 19 <u>51</u> , to <u>May 7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>55</u> , and that death occurred at <u>9:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John P. Brennan M.D.</u>				23b. ADDRESS <u>State Hospital #4, Farmington, Mo.</u>		23c. DATE SIGNED <u>5-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Graniteville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. A. Howell</u>		ADDRESS <u>Ironton, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1955

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 400

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.